U.S. Department of Labor Office of Labbr-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalities as provided by 29 U.S.C 439 or 440.



1. File Number U - 01959

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 /2003 Through: 12 / 31 / 2003
Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Paul Winslow	Name UNITE
	Labor Organization File Number 000-381
O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any 10th Floor
Street 333 South Ashland Avenue	Street 275 Seventh Avenue
City Chicago	city New York
State Illinois ZIP Code + 4 60607	State New York ZIP Code + 4 10001
Position in labor organization. Vice President	
(except as specified in the e	spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):  or derived income or other economic benefit of zation represents or is actively seeking to represent.
(except as specified in the e . Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organia	exclusions set forth in the instructions):  or derived income or other economic benefit of
(except as specified in the each transactions (including loans) with, nonetary value from an employer whose employees your organical Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of station represents or is actively seeking to represent.
(except as specified in the earlier to the earlier	or derived income or other economic benefit of station represents or is actively seeking to represent.
(except as specified in the e  Held an interest in, engaged in transactions (including loans) with, onetary value from an employer whose employees your organia  Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:	or derived income or other economic benefit of station represents or is actively seeking to represent.
(except as specified in the e  . Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organi.  Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of station represents or is actively seeking to represent.
(except as specified in the e  . Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organi.  Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
Enter appropriate data below If, during the past fiscal year, you or your (except as specified in the each of the	or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.
(except as specified in the ear. Held an interest in, engaged in transactions (including loans) with, nonetary value from an employer whose employees your organize. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	or derived income or other economic benefit of zation represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Telephone Number

Name Amalgamated Bank  Trade Name, If any:  P.O. Box, Bldg., Room No., If any  Street 15 Union Square  City New York  State New York ZIP Code + 4 10003	X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Amalgamated Bank  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.  Cost # of Shares Price Per Share  \$9,950 50 \$199
Street 15 Union Square  City New York  State New York ZIP Code + 4 10003	11.b. Approximate dollar value of such dealing. \$14,950  12.a. Nature of interest held or income received.  \$1,120.00 in dividends \$6,750.00 in fees
	12.b. Amount. \$7,87
C. Received from any employer (other than an employer covered user from any labor relations consultant to an employer any payment of more	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.